

**MCDB Encounter File Processing
January 2007 - April 2008 Data**

**P030: Aetna U.S. Healthcare
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report**

Eligible Services: 4,813,501
Services Submitted: 4,813,501

Source File: P030_enc5_dc_crunch.sas7bdatt
File Date: December 5, 2008

Delivery System	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)	166,330	156,771	-5.7	4,097,030	4,128,163	0.8	244,735,102	254,146,535	3.8
2: PPO-POS									
3: PPO or Other Managed Care									
4: Indemnity Care									
5: HMO-POS Rider	29,631	29,969	1.1	696,720	685,338	-1.6	40,251,919	42,921,542	6.6
6: EPO									
9: Payer Code=9 (Unknown and Missing)									
Total	195,431	185,861	-4.9	4,793,750	4,813,501	0.4	284,987,021	297,068,077	4.2

Plan ²	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO									
HMO Fee for Service	177,295	169,455	-4.4	3,166,010	3,202,137	1.1	257,002,670	260,390,049	1.3
HMO Capitated	122,580	108,978	-11.1	1,267,393	1,159,851	-8.5			
Medicare, All Types	3,824	4,599	20.3	116,714	166,917	43.0	10,511,346	15,247,646	45.1
No Plan Assigned	6,833	7,313	7.0	243,633	284,596	16.8	17,473,005	21,430,382	22.6
Total	195,431	185,861	-4.9	4,793,750	4,813,501	0.4	284,987,021	297,068,077	4.2

Coverage Type	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental									
2: Individual Plan	124	99	-20.2	3,756	4,332	15.3	227,786	303,321	33.2
3: Private Employer Sponsored Fully Self-Ins	53,887	49,557	-8.0	1,224,901	1,221,809	-0.3	71,600,613	73,434,846	2.6
4: Private Employer Sponsored Insured	36,160	30,655	-15.2	785,093	663,298	-15.5	46,850,120	41,670,725	-11.1
5: Public Employee	90,102	91,124	1.1	2,372,777	2,480,698	4.5	139,929,952	150,299,597	7.4
6: Comprehensive Standard Health Benefit Plan	10,306	8,850	-14.1	219,152	184,501	-15.8	13,207,770	12,034,137	-8.9
7: Medicare Provided by a Medicare HMO/CMS	4,986	5,628	12.9	188,071	258,863	37.6	13,170,780	19,325,451	46.7
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)									
Missing or Invalid Code									
Total	195,431	185,861	-4.9	4,793,750	4,813,501	0.4	284,987,021	297,068,077	4.2

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NOTES:

¹ Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.
Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

² Rules for categorizing services into a PLAN:

Non-HMO

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
 - a. Coverage Type (COVTYPE) is non-Medicare (2-6)
 - b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
 - a. Delivery System (DELVTYP) is non-HMO (2-4).
 - b. Coverage Type (COVTYPE) is non-Medicare (2-6)

HMO Fee for Service:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

HMO Capitated:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

Medicare, All Types

- 1, All services with Coverage Type 1 or 7.